

Community Health Improvement Plan

2014-2018

City of Philadelphia

2015 Annual Implementation & Evaluation Report

January 2016



Compiled by the Philadelphia Department of Public Health (PDPH) and the Community Health Improvement Plan (CHIP) workgroups. The views expressed in this document do not necessarily reflect the official policies of PDPH or the City of Philadelphia.

**Philadelphia’s Community Health Improvement Plan
2015 Annual Implementation and Evaluation Report**

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I. Overview

Philadelphia’s Community Health Improvement Plan (CHIP) was finalized in May 2014 after a year-long planning process led by the Philadelphia Department of Public Health (PDPH) in partnership with the Drexel University School of Public Health (Drexel). Over 160 stakeholders representing a diverse set of organizations and communities contributed to the plan. Ultimately, three priority areas were identified and related goals, objectives, and strategies were developed (Table 1).

In 2015, CHIP workgroups continued to expand membership and review the objectives and strategies to continue the implementation and monitoring of the CHIP. This annual report provides a summary of actions taken, partners involved, and progress achieved as it relates to performance measures and health indicators in Philadelphia’s CHIP.

Additional information about the CHIP, and other public health accreditation-related activities, is available at: <http://www.phila.gov/health/Commissioner/PHA.html>.

Table 1: Philadelphia CHIP Priorities and Goals

Priority 1: Access to Care	
<i>Workgroup chairperson: Carol Rogers, Healthy Philadelphia</i>	
Goal 1	Maximize implementation of the Affordable Care Act (ACA)
Goal 2	Maintain and grow the safety net regardless of the ACA and Medicaid expansion
Goal 3	Improve the quality of primary care services
Goal 4	Advocate for <i>Medicaid expansion</i> in Pennsylvania
Goal 5	Identify and take advantage of Medicaid waivers within the ACA that could improve access
Priority 2: Behavioral Health	
<i>Workgroup chairperson: Natalie Levkovich, Health Federation of Philadelphia</i>	
Goal 1	Increase the accessibility and use of high quality behavioral health services
Goal 2	Increase the availability and use of high quality behavioral health services for at-risk children
Goal 3	Further the integration of behavioral health and primary care
Goal 4	Incorporate knowledge of ACEs and Life Course Theory into clinical practice
Goal 5	Reduce or eliminate the restrictions to financing integrated care
Goal 6	Advocate for changes in state regulation around credentialing, licensure, documentation and other areas of practice that impede the integration of behavioral health with primary care
Priority 3: Chronic Disease related to Poor Diet and Physical Inactivity	
<i>Workgroup co-chairs: Jennifer Litchman, American Heart Association and Rickie Brawer, Thomas Jefferson University</i>	
Goal 1	Increase access to healthy foods
Goal 2	Increase physical activity among children and adults
Goal 3	Further the integration of nutrition and physical activity promotion with clinical practice
Goal 4	Improve knowledge of and access to evidence-based community resources
Goal 5	Reduce consumption of sugar sweetened beverages through advocacy for taxes and regulation on sizing for SSBs
Goal 6	Create and sustain healthy food bonus incentive programs through SNAP and WIC
Goal 7	Work with childcare licensing agencies to develop and implement official standards related to nutrition and physical activity

II. Priority 1 – Access to Care

Workgroup

The Access to Care workgroup is chaired by Carol Rogers, Executive Director of [Healthy Philadelphia](#). Healthy Philadelphia is a non-profit organization that was formed as a result of a local ballot referendum, which passed with a 3:1 majority. The mission of the organization is to make high quality health care available to all Philadelphians by bringing together the community, health care providers, businesses, government, and grassroots leaders to develop coordinated and integrated systems of care. The workgroup members are listed in Table 2.

Table 2: Access to Care workgroup

Name	Organization	Sector
Brahin Ahmadiyya	Community of Compassion CDC	Non-profit, faith-based
Francine Axler	Public Health Management Corporation	Non-profit
Jermaine Bromell	Better Health Network	Non-profit, faith-based
Fred Carey	Sayre Health Care Center	Non-profit, FQHC
Phyllis Cater	Spectrum Health Services	Non-profit, FQHC
Yvonne Claudio	Philadelphia Department of Public Health	Government
Suzanne Cohen	Health Federation	Non-profit, FQHCs
Prudence Dalrymple	Drexel University's Institute for Healthcare Informatics	Academia
Ellen Davis	Mayor's Office of Community Empowerment	Government
Ana V. Diez Roux	Drexel University	Academia
Maggie Eisen	Children's Hospital of Philadelphia	Non-profit, health system
David Grande	Healthy Philadelphia, University of Pennsylvania	Non-profit, academia, health system
Maura Heidig	AccessMatters	Non-profit, family planning
Patricia Keenan	Pennsylvania Health Access Network	Coalition
Lisa Kleiner	Public Health Management Corporation	Non-profit
Marcella Lingham	Quality Community Health Care	Non-profit, FQHC
Elhaji Ndiaye	Philadelphia Community Development Corporation	Non-profit
James Plumb	Jefferson Center for Urban Health	Non-profit, academia, health system
Susan Post	Esperanza Health Care	Non-profit, FQHC
Carol Rogers	Healthy Philadelphia	Non-profit, advocacy
Ann Ricksecker	Health Federation	Non-profit, FQHCs
David Ruben	Children's Hospital of Philadelphia	Health system
Jihad Seifullah	Working Families	Non-profit

Walter Tsou	Healthy Philadelphia	Non-profit, advocacy
Yolanda Watson	Sayre Health Care Center	Non-profit, FQHC
Vincent Zarro	Drexel University	Academia

Goal 1: Maximize implementation of the provisions of the Affordable Care Act (ACA) that impact access to care.

Objective 1: Maximize enrollment of eligible Philadelphians in health insurance exchanges and ensure consumer knowledge of all exchange options.

- 75,076 Philadelphians enrolled in ACA marketplace plan in 2015.
- The local coalition of enrollment assisters—including Pennsylvania Health Action Network, Healthy Philadelphia, Better Health Network, Benefits Data Trust, the Health Federation, Resources for Human Development, Public Health Management Corporation, and others—has continued to cooperate and share resources to get culturally sensitive and literacy appropriate information to community leaders, elected officials, and other grassroots leaders.
- Literacy appropriate materials developed by Healthy Philadelphia, have been widely disseminated to encourage enrollment in the marketplace insurance, especially immigrants who are low-income, but ineligible for medical assistance. The flyer additionally answers questions community health center patients may have about why they should enroll in insurance.
- HealthChoices, Pennsylvania’s new medical assistance expansion program, began on January 1, 2015. While the early months of enrollment had some eligible Philadelphians being denied coverage, many of the challenges have since been worked out. However, there remains a definitive need to educate the public that medical assistance is available to low income Pennsylvanians, even if they are single adults or are employed.
- Significant work has gone into publicizing the availability of medical assistance to eligible Philadelphians. This includes a forum on April 16, 2015 to educate over 90 Philadelphia community leaders on the importance of health insurance and the availability of medical assistance.
- The most recent data from the Commonwealth of Pennsylvania shows that in Philadelphia 612,579 adults and children were enrolled in medical assistance, as of November 2015, compared to 528,758 enrolled in December 2014, right before the Commonwealth offered medical assistance through HealthChoices.
- Areas of focus for 2016 include:
 - Philadelphia is one of the 20 key communities to participate in the “White House Healthy Communities Challenge”. Communities with large numbers or high percentages of uninsured were selected for this challenge. Out of the 20 communities, Philadelphia is currently 3rd in enrollment. To increase enrollment, the City of Philadelphia will: 1. include information about how to enroll in insurance on its Philly311 phone line; 2. provide enrollment assistance available in the Philly311 Call Center; 3. work with Philadelphia Gas Works to host trained health care navigators at each of its six Customer Service Centers to help people sign up for coverage through the national Health Insurance Marketplace ([news release](#)) and send a message about enrollment assistance in bill inserts; and 4. work with a number of state and local legislators to have enrollment assisters in their offices to assist their constituents.

- Continue to develop strategies that employ community based education and outreach, as well as more traditional education through health centers, hospitals, PDHS, and social services organizations to encourage medical assistance enrollment.

Objective 2: Ensure adequacy of health plan options.

- No Year 2 goals, but workgroup began to strategize about data/information collection.
- Areas of focus for 2016 include:
 - Urge the development of guides on specific and general health care offered, such as the [Health Federation Guide to HIV Medication in Marketplace Plans](#).

Objective 3: Ensure/increase capacity of primary care providers.

- The University of Pennsylvania Leonard Davis Institute of Health Economics (LDI), conducted an assessment of primary care access in Philadelphia, that was commissioned by PDPH and funded by the Independence Foundation. The [report](#) is titled: *Location Matters: Differences in Primary Care Supply by Neighborhood in Philadelphia*. Results indicate that while there is a sufficient supply of primary care providers in Philadelphia overall, practices cluster in certain zip codes, and those living in low access zip codes have 10 times as many adults per primary care providers than areas of high access.
- Areas of focus for 2016 include:
 - LDI researchers have conducted a follow-up study to determine the wait times for primary care appointments as well as whether primary care providers accept medical assistance.
 - Develop system to monitor wait times for new patient appointments.
 - Track ambulatory care sensitive conditions.
 - Explore the development of a system (e.g., Philly311 or dedicated phone line) to offer appointments to all Federally Qualified Health Centers (FQHCs) and look-alikes. This would expand the current capacity of this service only available to PDPH Ambulatory Health Services Health Centers.

Goal 2: Maintain and grow the health care safety net, regardless of the ACA and the status of Medicaid expansion.

Objective 1: Ensure geographic availability and distribution of safety net health care services.

- LDI conducted an assessment of primary care access in Philadelphia, that was commissioned by PDPH and funded by the Independence Foundation. The [report](#) is titled: *Location Matters: Differences in Primary Care Supply by Neighborhood in Philadelphia*. Results indicate that while there is a sufficient supply of primary care providers in Philadelphia overall, practices cluster in certain zip codes, and those living in low access zip codes have 10 times as many adults per primary care providers than areas of high access.
- Areas of focus for 2016 include:
 - LDI researchers have conducted a follow-up study to determine the wait times for primary care appointments as well as whether primary care providers accept medical assistance.
 - PDPH received a Health Resources and Services Administration (HRSA) grant to expand services at PDPH Ambulatory Health Services Health Center #10. With waits for new patient appointments of up to 9 months and long lines of patients waiting for care each

morning, Health Center #10 is the busiest community health center in Philadelphia. This new funding will allow Health Center #10 to hire new staff, stay open during new evening and weekend clinics, and introduce behavioral care services. This grant also establishes Health Center # 10 as a "New Access Point" and designates Health Center #10 as an FQHC, positioning it and the community to qualify for additional Federal funding.

Objective 2: Ensure availability for underserved populations, particularly undocumented immigrants.

- A forum to connect immigrants to health insurance, emergency medical assistance, and primary health care was held on November 30, 2015 for community leaders.
- Areas of focus for 2016 include:
 - Continue to disseminate the policy regarding care for undocumented immigrants to all FQHCs, FQHC look-alikes, and voluntary health centers.
 - Utilize community-based organizations and grassroots networks of immigrants to spread the word that they are welcome at FQHCs, etc. This will be combined with education and outreach about the importance of primary care.
 - Lobby for the expansion of medical assistance for all based on income, regardless of immigration status.

Goal 3: Improve the quality of primary care services.

Objective 1: Develop and use quality of care indicators in Philadelphia's publicly funded community-based primary care providers.

- 20 health system affiliated primary care practices joined a learning collaborative facilitated by the Health Care Improvement Foundation working to implement a series of health systems change interventions to improve the care of patients with hypertension and diabetes, and to enhance detection of undiagnosed hypertension and prediabetes.

Objective 2: Improve rates of preventive care screening and follow-up treatment.

- No Year 2 activity.

Objective 3: Improve inter- and intra-systemic communication among agencies/organizations that serve vulnerable populations.

- Healthy Philadelphia's West/Southwest Philadelphia Transitions in Care Workgroup (consisting of representatives from the area's 3 hospitals and 5 community health centers (CHCs)) has developed "Guide for Hospitalists and Hospital Clinicians: Discharging High Risk Patients Who Get Primary Care at CHCs".
- Areas of focus for 2016 include:
 - Implement the Guide in early 2016.

Goal 4: Advocate for *Medicaid expansion* in Pennsylvania.

- HealthChoices, Pennsylvania’s new medical assistance expansion program, began on January 1, 2015.

Goal 5: Identify and take advantage of *Medicaid waivers* within the ACA that could improve access (e.g., health care home for chronic disease).

- No Year 2 activity.

Table 3: Measures of success – Access to Care

Measure	Baseline	2014	2015	2018 Target
Reduce the percentage of adults without health insurance	18.5% (CHDB, 2012)	Data will be available in 2015	12.4% (CHDB, 2014-15)	13%
Reduce the percentage of adults forgoing care due to cost	18.5% in 2012 (CHDB, 2012)	Data will be available in 2015	13.4% (CHDB, 2014-15)	13%

Table 4: Indicators of progress – Access to Care

Indicator	Baseline	2014	2015	2018 Target
Number of eligible Philadelphians enrolled in health insurance exchanges	TBD	60,724	75,076	75,000
Percentage of uninsured with regular source of care (ages 18-64)	65% (CHDB, 2012)	Data will be available in 2015	64% (CHDB, 2014-15)	85%
Percentage of adults receiving preventive services and screening				
-Colon cancer screening (50-74 years, colonoscopy or sigmoidoscopy in lifetime)	75% (CHDB, 2012)	Data will be available in 2015	72.6% (CHDB, 2014-15)	85%
-Breast cancer screening (50-74 years, women, mammogram in last 2 years)	83% (CHDB, 2012)	Data will be available in 2015	82.5% (CHDB, 2014-15)	90%

III. Priority 2 – Behavioral Health

Workgroup

The Behavioral Health workgroup is chaired by Natalie Levkovich, Executive Director of the [Health Federation of Philadelphia](#). The mission of the Health Federation is to improve access to and quality of health care services for underserved and vulnerable individuals and families. Since 1983, the Health Federation has served as a network of the community health centers in Southeastern Pennsylvania, providing a forum for the region’s FQHCs and PDPH to collaborate and mobilize resources for their shared goals of improving the health of the population by expanding access to high quality care.

The workgroup members are listed in Table 5. A significant amount of work in 2015 has been to review objectives and strategies and draft an appropriately aligned and expanded list of Workgroup Members.

Table 5: Behavioral Health workgroup

Name	Organization	Sector
Ava Ashley	Department of Behavioral Health and Intellectual DisAbility Services	Government
Josephine Barilotti	The Consumer Satisfaction Team, Inc.	Non-profit
June Cairn	Mental Health Association of Southeastern Pennsylvania	Non-profit
Andrew Devos	Community Behavioral Health	Non-profit
Kimberly Gary	Community Behavioral Health	Non-profit
Kamilah Jackson	Department of Behavioral Health and Intellectual DisAbility Services/Community Behavioral Health	Government/Non-profit
Natalie Levkovich	Health Federation of Philadelphia	FQHCs
Martin Levine	Department of Behavioral Health and Intellectual DisAbility Services, Office of Addiction Services	Government
Suet Lim	Community Behavioral Health	Non-profit
Colleen McCauley	Public Citizens for Children and Youth	Advocacy, non-profit
Bhavika Patel	Health Federation of Philadelphia	FQHCs
Abigail Pol	Community Behavioral Health	Non-profit
Marquita Williams	Department of Behavioral Health and Intellectual DisAbility Services	Government
Arturo Zinny	Philadelphia Alliance for Child Trauma Services (PACTS)	Treatment center

Goal 1: Increase the availability and use of high quality behavioral health services for all Philadelphians.

Objective 1: Increase awareness of mental illness among the public and use of existing services.

- Philadelphia has adopted a public health approach with respect to mental health, which includes population wide awareness, community engagement, stigma reduction, and screening. Examples of community engagement include support of the Mural Arts program, and screening at non-traditional venues (e.g., retail pharmacies) and public events. Specifically:
 - Total number of persons trained to date in Mental Health First Aid by the Department of Behavioral Health and Intellectual Disability Services (DBHIDS): 11,730
 - Behavioral Health screenings completed to date: 10,736
 - Online screenings for 2013: 897
 - Online screenings for 2014: 2,322
 - Online screenings for 2015 (January-October): 4,605
 - Community presentations to increase community awareness: 28
 - Series of ongoing community engagement activities: 4

Objective 2: Assess quality of services provided.

- The Workgroup requested information about the quality improvement initiatives being undertaken by DBHIDS.
- The following information reflects a commitment to the implementation of evidence-based clinical practices:
 - Forty-four providers (for both adult and children) have been trained to date.
 - Data is currently unavailable on how many consumers received evidence-based treatments nor how the implementation of these practices has affected pay-for-performance. Both of these measures will be collected and reviewed in 2016.

Goal 2: Increase the availability and use of high quality behavioral health services for at-risk children in Philadelphia.

Objective 1: Improve the availability and accessibility of behavioral health services for very young (0-3 years) children in Philadelphia.

- The Workgroup received baseline data on services to children. Data for 2015 is not available for this report, but will continue to be tracked over time.
- Number of children, by age cohort, who received behavioral health services (by year):
 - 2013
 - Age 0-5: 118,019
 - Age 6-12: 104,185
 - Age 13-17: 64,218
 - 2014
 - Age 0-5: 117,230
 - Age 6-12: 108, 575
 - Age 13-17: 66, 316

Objective 2: Assure that behavioral health providers are able to meet the maximum wait time for children.

- Data to measure this objective have been requested but not yet compiled. Information regarding wait time and other measures of access and system capacity will be provided in 2016 by the expanded Workgroup members who have direct responsibility for children's services.

Objective 3: Assess and improve the quality of services provided.

- The Workgroup requested information about the quality improvement initiatives being undertaken by DBHIDS.
- The following information reflects a commitment to the implementation of evidence-based clinical practices:
 - Forty-four providers (for both adult and children) have been trained to date.
 - In 2016, through the involvement of new Workgroup members, this information will be segregated by provider type (children/adult) and tracked.

Objective 4: Increase the knowledge base of mental health among child- and adolescent- serving professionals (e.g., early childhood educators, teachers, counselors).

- PACTS has trained 14 providers in adverse childhood experiences (ACEs), trauma-informed practice, and trauma treatment. Information about the availability of these services has been disseminated through several large events for community providers.
- 2,738 individuals have been trained in Youth Mental Health First Aid.
- DBHIDS has initiated school-based services, which, in addition to services for children and families, includes raising awareness among teachers and other school personnel. Additional information about the scope and impact of these activities will be identified and tracked in 2016.
- The Health Federation of Philadelphia, through the Southeast Regional Keys (accredited training for early childhood education providers), has delivered numerous workshops to early childhood care and education providers on the impact of trauma, trauma informed practice, and other related awareness and skill-building workshops.
- The Health Federation, DBHIDS, United Way, Behavioral Health Education and Training Center, and members of the ACE Task Force are working to disseminate information related to trauma, behavioral health, readiness to learn, and healthy development. Audiences include providers of shelter/supportive housing services, out-of-school time programs, early childhood education providers, child welfare workers, primary care providers, and others.

Goal 3: Support behavioral health and primary care integration.

Objective 1: Increase the knowledge, skills and ability of behavioral health and primary care providers to deliver integrated care.

- Several organizations in Philadelphia —largely representing FQHCs and behavioral health providers—have been at the forefront of developing protocols and structures for integration of behavioral health with primary care. The Workgroup identified several strategies and objectives for furthering this work.
- The Health Federation has engaged 32 clinical provider sites (primary care and HIV care) through training and technical assistance to integrate behavioral health services into medical care.

Goal 4: Incorporate knowledge of Adverse Childhood Events (ACEs) and life course perspective into behavioral and physical health clinical practice.

Objective 1: Increase the number of professionals who understand: the impact of trauma, adversity and toxic stress; intergenerational transmission of trauma (i.e., life course perspective); and integration of knowledge into clinical practice.

- The Philadelphia ACE Task Force has continued to expand. The Health Federation has contracted with the Thomas Scattergood Behavioral Health Foundation to staff coordination and communication related to the operation of the Task Force, which has several sub-committees including education, research, and communications.
 - The education committee is focused on the school system, early childhood service professionals, medical providers, as well as university-based health professions training programs. A recent grant from the Annie Casey Foundation to the Health Federation is supporting development of curricular materials for inclusion in academic programs.
 - The research committee is working on publications based on local ACE research to expand awareness.
 - The communications committee disseminates information about related events, trainings, and resources via ACEsConnection, a web-based virtual community. And, as a result of foundation funding to the Health Federation, the committee is working on a participatory process to develop messaging for the general public about the impact of ACEs.
- The Health Federation provided related training to PDPH Ambulatory Health Services Health Center staff (clinical and non-clinical). Approximately 450 persons were educated about the impact of ACEs, the resulting health risks, and strategies to manage care of vulnerable populations as well as self-care for providers/helpers.
- The Health Federation is working with a 3-site FQHC to develop deep structural competency in trauma-informed practices.
- Members of the ACE Task Force made a presentation on trauma-related content to the Board of Medical Examiners with an eye to having this information included in the licensing exam.
- Drexel University's Healing Hurt People program is now in operation in three urban emergency rooms to intervene with victims of intentional injury and to raise awareness of trauma and trauma-informed protocols among ER personnel.
- United Way has funded training educators, teachers, and parents about the impact of trauma of brain development and trauma-informed care.

Goal 5: Reduce or eliminate the restrictions to financing integrated care.

- Community Behavioral Health (CBH) has expanded the number of contracts for integrated care via a Request for Quotation (RFQ) issued in 2015. However, authority for policy reform lies with the Commonwealth of Pennsylvania Medicaid Office. Advocacy efforts are ongoing.

Goal 6: Advocate for changes in state regulation around credentialing, licensure, documentation, and other areas of practice that impede the integration of behavioral health with primary care.

- Workgroup is assessing current policies in Pennsylvania and best practices across the country. With the expansion of Medicaid and a new administration in the Commonwealth of Pennsylvania, there may be new opportunities to influence policy reform.
- While CBH has continued to look for regulatory pathways to expand opportunities for integrated care, both state and federal regulations have not been sufficiently reformed to meet demand for workforce expansion and care integration.
 - The Health Federation, the state association of community health centers, the regional directors of HRSA and Substance Abuse and Mental Health Services Administration, and others are appealing to both Pennsylvania and Centers for Medicare & Medicaid Services officials to find ways of addressing these barriers.

Table 6: Measures of success – Behavioral Health

Measure	Baseline	2014	2015	2018 Target
Increase the percentage of adults with a diagnosed mental health condition who are receiving care	61% (CHDB, 2012)	Data will be available in 2015	65.1% (CHDB, 2014-15)	75%

Table 7: Indicators of progress – Behavioral Health

Indicator	Baseline	2014	2015	2018 Target
Number of individuals trained in Mental Health First Aid	5,000 (DBHIDS, 2014)	6,000	11,730	25,000
Percentage of FQHCs who collaborate with behavioral health specialists to provide integrated, team-based care to their patients	~40%	TBD	83%	60%

IV. Priority 3 – Healthy Eating and Active Living

Workgroup

The Healthy Eating and Active Living_workgroup is chaired by Jennifer Litchman of the [American Heart Association](#) (AHA) and Rickie Brawer of the [Center for Urban Health at Thomas Jefferson University Hospital](#). The mission of the AHA is to build healthier lives, free of cardiovascular diseases and stroke. The goal of the Jefferson Center for Urban Health is to improve the health status of individuals and targeted communities/neighborhoods through a multifaceted initiative, the ARCHES Project, which focuses on six themes: Access and Advocacy; Research, Evaluation and Outcomes Measurement; Community Partnerships and Outreach; Health Education, Screening and Prevention Programs; Education of Health Professions Students and Providers; and Service Delivery Systems Innovation.

The workgroup members are listed in Table 8 and met in person on 5/6/15 and 12/16/15.

Table 8: Healthy Eating and Active Living workgroup

Name	Organization	Sector
Deb Bentzel	The Food Trust	Non-profit
Rickie Brawer	Jefferson Center for Urban Health	Academia, Health System
Abby Cabrera	Jefferson Center for Urban Health	Academia, Health System
Carolyn Cannuscio	University of Pennsylvania	Academia
Nick Claxton	Philadelphia Department of Public Health	Government
Noelle Dames	Greater Philadelphia Coalition Against Hunger	Non-profit
Catherine Devigne	University of Pennsylvania	Academia
Roxanne Dupuis	University of Pennsylvania	Academia
Jillian Dy	The Common Market	Non-profit
Neil Goldfarb	Greater Philadelphia Business Coalition on Health	Non-profit, Business
Amy Hillier	University of Pennsylvania	Academia
Christine Jacobs	Keystone First	Health Insurer
John Keith	American Lung Association	Non-profit
Jonathan Kirch	American Heart Association	Non-profit
Heather Klusaritz	University of Pennsylvania	Academia
Bill La Salle	Thomas Jefferson University, Aramark	Academia, Business
Lisa Laura	LaSalle University	Academia
Annie Leary	The Food Trust	Non-profit
Nikki Lee	Philadelphia Department of Public Health	Government
Jennifer Litchman	American Heart Association	Non-profit
Kate Matalaski	American Cancer Society	Non-profit
Kelli McIntyre	Philadelphia Department of Public Health	Government
Jamie Miller	Public Health Management Corporation	Non-profit
Katie Monroe	Bicycle Coalition	Non-profit

Marjie Mogul	Maternity Care Coalition	Non-profit
Mahak Nayyar	U.S. Dept of Health and Human Services, Region 3	Government
Lauren Puzen	Healthier Generation	Non-profit
Tanya Sen	Greater Philadelphia Coalition Against Hunger	Non-profit
Brenda Shelton-Dunston	Black Women's Health Alliance	Non-profit
Rob Simmons	Thomas Jefferson University	Academia
Aimee Smith	Freedom Valley YMCA	Non-profit
Sara Solomon	University of Pennsylvania	Academia
Muna Tefferi	Philadelphia Department of Public Health	Government
Senbagum Virudachalam	Children's Hospital of Philadelphia	Health System
Amanda Wagner	Philadelphia Department of Public Health	Government
Pat West	Independent Consultant	Advocate

Goal 1: Increase access to healthy food.

Objective 1: Increase the number of child care and out of school (OST) time programs that adopt best practices in nutrition and eating.

- PDPH Get Healthy Philly continues to work with the Philadelphia Parks and Recreation Summer and Afterschool Programs to implement nutrition and physical activity guidelines.
- Jefferson Center for Urban Health, Maternity Care Coalition, and the Norris Square Civic Association Head Starts are working together to improve nutrition and adopt best practices.

Objective 2: Increase the number of businesses, colleges, and universities that implement healthy food policies and programs.

- PDPH Get Healthy Philly, Common Market, AHA, Einstein Healthcare Network's Center for Urban Health Policy, and the Union of Concerned Scientists launched an initiative to work with Philadelphia area hospitals to develop and implement voluntary standards for nutrition and sustainability for their foodservice.
 - *A Good Food, Healthy Hospitals* symposium was held in October 2015 with over 100 individuals and 20 area hospitals and health systems in attendance.
 - Five hospitals have officially signed a pledge to start implementing the standards over the next year.
- The Greater Philadelphia Business Coalition on Health has developed employer tools to support healthy eating, including a listing of best websites and best smartphone apps to support healthy eating, and brochures on healthy eating during the holiday season.
- The People’s Emergency Center and Drexel University launched a multi-purpose food service catering initiative that will bring healthier eating options and expanded economic opportunity to West Philadelphia. This new venture, Fresh Start Foods West Philadelphia, will provide fresh and healthy prepared meals for local schools while offering out-of-work young adults culinary apprenticeship jobs that provide living wages with benefits.

Objective 3: Increase the uptake of exclusive breastfeeding among infants 0-3 months of age.

- The PDPH Division of Maternal, Child & Family Health funded lactation consultants to provide breastfeeding counseling at 6 PDPH Ambulatory Health Services Health Centers.
- Maternity Care Coalition implemented the North Philadelphia Breastfeeding Program, a community-based doula program enhancing birth and breastfeeding experiences of families in North Philadelphia. The program focuses on providing services to families and community engagement.
- Two of the six birth hospitals achieved *Baby Friendly* designation in 2015. Three birth hospitals continue to work towards the *Baby Friendly* designation and one birth hospital is aiming to earn the PA Department of Health Keystone Ten Initiative designation, which is similar to *Baby Friendly*.

Goal 2: Increase physical activity among children and adults.

Objective 1: Improve access to safe spaces so that children and adults will feel safe exercising in their neighborhoods.

- The Philadelphia Water Department is working with Philadelphia schools and recreation centers to green school yards.
- In partnership with the Philadelphia Department of Transportation and Infrastructure, PDPH supported 300 pedestrian and bike safety improvement projects including:
 - 700 intersections with improved pedestrian countdowns; and
 - Green conflict zone markings at 34 intersections and 7 miles of bike lanes.
- [Philly Powered](#), launched in Fall 2015, is a campaign designed to promote everyday physical activity particularly among adult men and women who are seeking to live healthier lives. The campaign, led by PDPH Get Healthy Philly, is supported by over 50 partners such as the Philadelphia Parks and Recreation Department, AHA, Latinas in Motion, The Food Trust, Bicycle Coalition of Greater Philadelphia, Black Men Run/Philadelphia, and several academic institutions and health care systems. The website provides inspirational videos as well as ideas to find free and low-cost ways to get fit nearby.
- In April 2015 the Philadelphia Department of Transportation and Infrastructure launched [Indego](#), Philadelphia's newest 24/7 public transportation system of over 60 stations and 600 self-service bikes. As of September 30, 2015, there have been over 300,000 trips.
- The Schuylkill Center for Environmental Education, Children's Hospital of Philadelphia (CHOP), Philadelphia Parks and Recreation Department, PDPH, and other partners created Nature Rx, a nature prescription program. The project aims to increase public engagement in local parks by linking parks with health. Nature Rx provides CHOP clinicians and the general public with information about the importance of nature and the existing resources to promote safe outdoor play in their neighborhoods.

Objective 2: Increase physical activity in childcare and Pre-K settings.

- Safe Routes Philly, managed by the Bicycle Coalition of Greater Philadelphia, and funded by PDPH Get Healthy Philly and the National Highway Traffic Safety Administration, provided support to 25 schools in initiatives, including bicycle and pedestrian safety lessons, walking school bus programs, and walkability audits.
- Jefferson Center for Urban Health, Maternity Care Coalition, and the Norris Square Civic Association Head Starts are working together to increase physical activity within Head Start.

Goal 3: Further the integration of nutrition and physical activity promotion with clinical practice.

Objective 1: Increase relevant resources available for providers to disseminate in their clinical practice.

- Mayor’s Food Policy Advisory Council—through its Anti-Hunger subcommittee—developed [Philly Food Finder](#), a food resources toolkit that provides consolidated information on how to get affordable, healthy food in Philadelphia. Guides will be distributed to clinical practices to promote the resource.
- The Schuylkill Center for Environmental Education, CHOP, Philadelphia Parks and Recreation Department, PDPH, and other partners created Nature Rx, a nature prescription program. The project aims to increase public engagement in local parks by linking parks with health. Nature Rx provides CHOP clinicians and the general public with information about the importance of nature and the existing resources to promote safe outdoor play in their neighborhoods.
- Thomas Jefferson University Hospital and the Greater Philadelphia Coalition Against Hunger screens patients for food security in a geriatric practice.

Objective 2: Educate medical, osteopathy, nursing, and physician’s assistant students on integrating prevention and clinical management of chronic disease.

- The Greater Philadelphia Coalition Against Hunger, MANNA, and the SHARE Food Program provided education to Jefferson medical students about food insecurity prevalence, community resources, and patient screening.

Goal 4: Improve knowledge of and access to evidence based community resources.

Objective 1: Continue to support the creation and dissemination of information about healthy food outlets.

- Mayor’s Food Policy Advisory Council—through its Anti-Hunger subcommittee—developed [Philly Food Finder](#), a food resources toolkit that provides consolidated information on how to get affordable, healthy food in Philadelphia. Guides will be distributed to clinical practices to promote the resource.
 - The website was launched at the Good Food for All Conference held at the Philadelphia Free Library’s Culinary Literacy Center on May 14, 2015.
 - Since the launch, the website has been viewed more than 3,200 times and has had more than 2,800 visitors.
- PDPH Get Healthy Philly continues to update its [online](#) resource of healthy food retailers and restaurants.
- [Philabundance](#) partners with the [USDA National Hunger Hotline](#) and [WhyHunger](#) to connect the public to resources near them.

Objective 2: Continue to support the creation and dissemination of information about existing physical activity programs.

- [Philly Powered](#), launched in Fall 2015, is a campaign designed to promote everyday physical activity particularly among adult men and women who are seeking to live healthier lives. The campaign, led by PDPH Get Healthy Philly, is supported by over 50 partners such as the Philadelphia Parks and Recreation Department, AHA, Latinas in Motion, The Food Trust, Bicycle Coalition of Greater Philadelphia, Black Men Run/Philadelphia, and several academic institutions

and health care systems. The website provides inspirational videos as well as ideas to find free and low-cost ways to get fit nearby.

- The Schuylkill Center for Environmental Education, CHOP, Philadelphia Parks and Recreation Department, PDPH, and other partners created Nature Rx, a nature prescription program. The project aims to increase public engagement in local parks by linking parks with health. Nature Rx provides CHOP clinicians and the general public with information about the importance of nature and the existing resources to promote safe outdoor play in their neighborhoods.

Goal 5: Reduce consumption of sugar sweetened beverages through advocacy for taxes and regulation on sizing for SSBs.

- Healthy beverage standards have been incorporated into the *Good Food, Healthy Hospitals* initiative – an initiative to transform hospital food environments including cafeterias, vending, patient meals, catering, and restaurants. One of the 5 pledged participants is focusing on sugary drinks in vending and cafeterias.
- The School District of Philadelphia, Philadelphia Water Department, Food Trust, CHOP, and PDPH have collaborated to develop an action plan to increase water access in school as a replacement for sugary drinks.

Goal 6: Create and sustain healthy food bonus incentive programs through SNAP and WIC.

- The Food Trust, with support from PDPH, continues the Philly Food Bucks Program, a SNAP incentive program for fruits and vegetables. Through a successful USDA FINI grant application, the Food Trust is expanding the Philly Food Bucks to a pilot corner store and grocery store in the Promise Zone, along with streamlined systems for redemption at farmers' markets statewide.
- The Fair Food Farmstand at Reading Terminal Market is continuing its Double Dollars SNAP incentive program, and was also a recipient of increased support through the USDA FINI grant.

Goal 7: Work with childcare licensing agencies to develop and implement official standards related to nutrition and physical activity.

- The PDPH Division of Maternal, Child & Family Health has worked with Keystone Stars to develop a breastfeeding training program for childcare providers.
- PDPH will hire a Healthy Early Childhood Coordinator who will lead a policy research and development process with stakeholders across the City in 2016.

Table 9: Measures of success – Healthy Eating and Active Living

Measure	Baseline	2014	2015	2018 Target
Reduce the percentage of adults who are obese	31.9% (CHDB, 2012)	Data will be available in 2015	33.3% (CHDB, 2014-15)	28%
Reduce the percentage of children <18 years old who are obese	20.7% (School District, 09-10)	20.3% (School District, 12-13)	TBD	17%

Table 10: Indicators of progress – Healthy Eating and Active Living

Indicator	Baseline	2014	2015	2018 Target
Use of SNAP and SNAP-related incentives at farmers markets	\$117,000 (PDPH, 2013)	\$129,000 (PDPH, 2014)	\$98,226 (PDPH, 2015)	\$200,000
Number of large businesses that adopt evidence-based nutrition and activity workplace changes	~10 (PDPH, 2013)	24 (PDPH, 2014)	29 (PDPH, 2015)	50
Percentage of hospitals with <i>Baby Friendly</i> certification	0 (PDPH, 2013)	0 (PDPH, 2014)	2 (PDPH, 2015)	6 (100%)